



## LOTEMAX GEL/OINTMENT (OPHTHALMIC CORTICOSTEROIDS) PA SUMMARY

<b>PREFERRED</b>	Dexamethasone suspension, Fluoromethalone liquifilm (generic FML liquifilm), FML ointment, FML Forte suspension, Prednisolone
<b>NON-PREFERRED</b>	Alrex, Durezol, Lotemax gel or ointment, Lotemax suspension, Vexol

**LENGTH OF AUTHORIZATION:** 1 Month

**NOTE:** Lotemax gel and ointment are the only medications in this class that require prior authorization.

**PA CRITERIA:**

- ❖ Approvable for post-operative ocular inflammation or pain  
*AND*
- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, history of intolerable side effects, or ineffectiveness to at least one preferred agent in the table above and either Lotemax suspension or Vexol.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and Appeal Process:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**Quantity Level Limitations:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.